





SAFETY MANAGEMENT CERTIFICATE

REPUBLIC OF PANAMA

Issued under the provisions of the INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974, as amended Under the authority of the Government of the Republic of Panama by NIPPON KAIJI KYOKAI

Name of ship:

IWASHIRO

Distinctive number or letters:

3FWR4

Port of registry:

Panama

Type of ship*:

Other cargo ship

Gross tonnage:

18619

IMO Number:

IMO 9106780

Name and address

of the Company:

LTD.

1-7-8, Hino, Kohnan-ku, Yokohama, Japan

TAIYO SANGYO TRADING & MARINE SERVICE

Company identification number: IMO 1704113

THIS IS TO CERTIFY THAT the Safety Management System of the ship has been audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code), following verification that the Document of Compliance for the Company is applicable to this type of ship.

This Safety Management Certificate is valid until 1st February 2023 , subject to periodical verification and the Document of Compliance remaining valid.

Completion date of the verification on which this certificate is based: 17th January 2018

Issued at

Yokohama

Date of issue

17th January 2018

Anniversary Date: 1st February



NIPPON KAIJI KYOKAI

Insert the type of ship from among the following: passenger ship; passenger high-speed eraft; cargo high-speed eraft; bulk carrier; oil tanker; chemical tanker; gas carrier; mobile offshore drilling unit; other cargo ship.

ENDORSEMENT FOR PERIODICAL VERIFICATION AND ADDITIONAL VERIFICATIONS (IF REQUIRED)

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.8 of the ISM Code, the safety management system was found to comply with the requirements of the ISM Code.

Intermediate Verification (to be completed between the second and	Signed:	(Signature of authorized official)
the third anniversary date)	Place:	
	Date :	
Additional Verification	Signed:	(Signature of authorized official)
	Place :	
	Date:	
Additional Verification Additional Verification	Signed:	(Signature of authorized official)
	Place:	
	Date:	
	Cimodi	
	Signed:	(Signature of authorized official)
	Place :	
	Date:	